

Certainly no single finding is diagnostic, and, as in any disease, a clinical spectrum can be expected to emerge with some patients presenting atypically.

It is extremely important that any physician attempting to diagnose and treat Legionnaires' disease has a fundamental understanding of the appropriate use and application of the indirect fluorescent antibody test. It often takes three weeks, and may take six, for diagnostic rise in antibody titer to occur. A negative titer early in the illness *is the rule*. A positive titer (unless accompanied by a fourfold rise $\geq 1:128$) early in illness may, in fact, represent remote, not current infection. Because Legionnaires' disease may be rapidly fatal unless specific therapy is instituted,^{2,3} one cannot wait for diagnostic seroconversion to occur, nor should therapy be withheld based on the initial negative titer. My statement was "there is not an easy reliable method of diagnosis *during the acute illness*" (emphasis added). Although newer methods are emerging that may permit early diagnosis, the indirect fluorescent antibody test clearly is *not* one of these.⁴ The rate limiting factor is the patient, not the laboratory.

In the past few months, several investigators have noted pulmonary cavitation in association with Legionnaires' disease. This unusual manifestation has still not been seen at Wadsworth.

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Medical Quality Review Committees in California

TO THE EDITOR: In the Information section of the November issue Samuel E. Spital, Esq. in his article "Understanding Physicians' Rights and Liabilities Under the California Medical Practice Act" makes a significant omission in his enunciation of the steps in the administrative process of a disciplinary hearing by the California Board of Medical Quality Assurance. There is not, as he implies in his article, an automatic assignment by the Office of Administrative Hearings of a case

to an administrative law judge to hear and decide. Local Medical Quality Review Committees were created by the legislation to function at the local level and may, at their discretion, be assigned the case by the Office of Administrative Hearings. The local boards of Medical Quality Review Committees, 14 of which have been established on a geographical basis, are to ensure that there is local input from both physicians and consumers in the disciplinary process and to extend the reach and effectiveness of the Division of Medical Quality.

The committees range in size from 10 to 40 members and consist of physicians, allied health professionals and public members. They have the responsibility of providing meaningful quality assessment and peer review at the local level. Their decision in a case may then be subject to administrative review by the Division of Medical Quality on appeal by the physician concerned.

Medical Quality Review Committees also work to identify local health care problems and are currently assessing a wide range of topics including drug abuse, physician alcoholism, improper use of emergency rooms by the public and inferior quality of emergency room care by physicians, among topics.

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Another Cowboy Selling Cancer

TO THE EDITOR: On nationwide prime-time television sporting events, an ex-football player/cowboy star demonstrates the proper technique of "dipping" moist or Copenhagen variety snuff tobacco by placing a pinch of the flavorful economical substance in his lower gingivobuccal groove. However, the commercial neglects to point out that prolonged "pleasurable dipping" can lead to large ulcerating, fungating squamous cell carcinoma at the site of application.

With the advent of uncontrolled national television advertising of this form of tobacco, the habitual use of snuff may become popular nationwide. Before television, the consumption of snuff tobacco was greatest in the South, although appreciable amounts were used in the North Central and Northwestern States.¹ A Tennessee study described "snuff dipper's cancer" in male and female habitual users of snuff.² Of female patients with gingivobuccal squamous cell carcinoma, 90 percent were habitual users of snuff. This rare in-